

**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES**  
**DIVISION OF MOTOR VEHICLES**  
Neil Kirkman Building - Tallahassee, FL 32399-0620

**APPLICATION FOR TRANSPORTER LICENSE PLATE**

\_\_\_\_\_  
License Plate Number(s) Assigned

\_\_\_\_\_  
Name of Business/Applicant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

As a representative of the above named business, I hereby apply for \_\_\_\_\_  
(Number of Plates)  
transporter license plate(s) and certify that, incidental to the conduct of this business, I  
engage in the transporting of motor vehicles not currently registered to any owner and do  
not have a license plate. I understand the transporter license plate may only be used on a  
motor vehicle in the possession of this business while the motor vehicle is being  
transported in the course of this business.

I/We certify that I/We have proof of the required liability insurance coverage for  
\$100,000.00 or more and an occupational or business license.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or Authorized Representative

**APPLICATION, PROOF OF INSURANCE, COPY OF OCCUPATIONAL/BUSINESS  
LICENSE AND FEES MUST BE SUBMITTED TO YOUR LOCAL COUNTY TAX  
COLLECTOR'S OFFICE OR LICENSE PLATE AGENCY FOR PROCESSING.**